



Atty. Docket No. A33432 - 070050.1354
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Modak et al.

Appln. No. : 09/746,670 Examiner: Bennett, Rachel, M.

Filed : December 22, 2000 Group Art Unit: 1615

For : ANTIMICROBIAL MEDICAL DEVICES

AMENDMENT

I hereby certify that this paper is being deposited with the United States Postal Service as First Class mail in an envelope addressed to: Mail Stop: RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 23, 2003.

Peter J. Shen

Attorney's Name

Signature

52,217

Registration No.

December 23, 2003

Date of Signature

RECEIVED
JAN 06 2004
TECH CENTER 1603/29

Mail Stop: RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action dated September 24, 2003, Applicants submit this Amendment and enclose herewith a Request for Continued Examination along with payment pursuant to § 1.17(e) and a fee transmittal. Applicants believe that no additional fee is required in connection with this submission. However, should any other fee be required, the Commissioner is hereby authorized to charge any such fee to Deposit Account 02-4377. Any required extension of time is hereby requested.

Duplicate copies of this sheet are enclosed.

BAKER BOTTS LLP



FEE TRANSMITTAL for FY 2003

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\\$) 770**

Complete if Known

Application Number	09/746,670
Filing Date	12/22/00
First Named Inventor	Modak et al.
Examiner Name	Rachel M. Bennett
Art Unit	1615
Attorney Docket No.	A33432 - 070050.1354

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number
Deposit Account Name

02-4377

Baker Botts LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee required under 37CFR 1.16 and 1.17
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	770
1802	900	1802	900	Request for expedited examination of a design application	

SUBTOTAL (1) **(\\$) 0**

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims Fee from below Fee Paid

Total Claims - 20 = x = 0
Independent Claims - 3 = x = 0
Multiple Dependent =

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) **(\\$) 0**

*or number previously paid, if greater; For Reissues, see above

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(\\$) 770**

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Peter J. Shen 	Registration No. (Attorney/Agent)	52,217	Telephone (212) 408-2500
Signature		Date	December 23, 2003	